



John E. Baldacci  
Governor

State of Maine  
Department of Health and Human Services  
Division of Health Engineering  
**DRINKING WATER PROGRAM**  
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John R. Nicholas  
Commissioner

## PUBLIC WATER SYSTEM DESIGNATED OPERATOR FORM

Please complete and return this form to the Drinking Water Program at the address above.  
Any changes to this information shall be submitted to the Drinking Water Program within 30 days of the change.

Public Water System Information	
System Name:	PWSID #:
System Address:	
System Type: <input type="checkbox"/> Community <input type="checkbox"/> Transient ( <i>using surface water</i> ) <input type="checkbox"/> Non-transient Non-community	
System Owner or Owner's Representative:	
System Classification ( <i>indicate numerical classification</i> ): _____ Treatment _____ Distribution _____ Very Small Water System	

Designated Operator Information	
Print Name:	License Number:
Class of License: _____ Treatment _____ Distribution _____ Very Small Water System	
Check Area of Responsibility:	<input type="checkbox"/> Treatment and Distribution <input type="checkbox"/> Treatment System Only <input type="checkbox"/> Distribution System Only
Print Name:	License Number:
Class of License: _____ Treatment _____ Distribution _____ Very Small Water System	
Check Area of Responsibility:	<input type="checkbox"/> Treatment and Distribution <input type="checkbox"/> Treatment System Only <input type="checkbox"/> Distribution System Only
<i>Reproduce this page as necessary for additional designated operators.</i>	

The undersigned public water system hereby notifies the Drinking Water Program of its intention to meet the requirements for licensed water operators pursuant to 10-144 Chapter 231 et seq., the State of Maine Rules Relating to Drinking Water. The above named Public Water System hereby certifies that the water system is under the direct supervision of the aforementioned designated licensed operator with the appropriate classification during all operating shifts.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Owner or Owner's Representative)

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Designated operator)

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Designated operator)